

INSPECTOR GENERAL ACTION REQUEST

For use of this form, see AR 20-1; the proponent agency is the Office of The Inspector General.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3020.

PRINCIPAL PURPOSE: To secure sufficient information to inquire into the matters presented and to provide a response to the requestor(s) and / or take action to correct deficiencies.

ROUTINE USES: Information is used for official purposes within the Department of Defense; to answer complaints or respond to requests for assistance, advice, or information; by Members of Congress and other Government agencies when determined by The Inspector General to be in the best interest of the Army; and, in certain cases, in trial by courts-martial and other military matters as authorized by the Uniform Code of Military Justice. Department of Defense Blanket Routine Uses also apply.

DISCLOSURE THE SOCIAL SECURITY NUMBER AND OTHER PERSONAL INFORMATION IS VOLUNTARY. HOWEVER, FAILURE TO PROVIDE COMPLETE INFORMATION MAY HINDER PROPER IDENTIFICATION OF THE REQUESTOR, ACCOMPLISHMENT OF THE REQUESTED ACTION(S), AND RESPONSE TO THE REQUESTOR.

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE / RANK	SSN	COMPONENT / STATUS
UNIT AND COMPLETE MILITARY ADDRESS		PREFERRED CONTACT TELEPHONE <small>(Duty, home, and / or cell)</small>	
PREFERRED MAILING ADDRESS <small>(If different from military address, including Zip Code)</small>		E-MAIL ADDRESS <small>(Optional)</small>	

SPECIFIC ACTION REQUESTED (What do you want the IG to do for you?)

INFORMATION PERTAINING TO THIS REQUEST (Background. Use additional sheets if necessary; list enclosures if applicable.)

I give the IG authorization to contact my chain of command to resolve my case. YES/NO _____ Initials _____

I do I do not consent to release my personal information outside official channels in order to resolve the matters listed above. I understand that if I do not agree to release my personal information, my request for assistance may go unresolved.

This information is submitted for the basic purpose of requesting assistance, correcting injustices affecting the individual, or eliminating conditions considered detrimental to the efficiency or reputation of the Army. Those who knowingly and intentionally provide false statements on this form are subject to potential punitive and administrative action (UCMJ Art 107, 18 USC 1001).

DATE (YYYYMMDD)	SIGNATURE
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LAST NAME - FIRST NAME - MIDDLE INITIAL (A)	GRADE / RANK (B)	SSN (C)	COMPONENT / STATUS (D)
UNIT AND COMPLETE MILITARY ADDRESS (E)		PREFERRED CONTACT TELEPHONE (Duty, home, and / or cell) (F)	
PREFERRED MAILING ADDRESS (If different from military address, including Zip Code) (G)		E-MAIL ADDRESS (Optional) (H)	

SPECIFIC ACTION REQUESTED (What do you want the IG to do for you?)
(I)

INFORMATION PERTAINING TO THIS REQUEST (Background. Use additional sheets if necessary; list enclosures if applicable.)
(J)

SEE ATTACHED INSTRUCTIONS FOR FILLING OUT THE FIELDS OF DATA!

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DATE (YYYYMMDD) (K)	SIGNATURE (L)
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DA Form 1559-R (DEC 2007) Form Instructions

Each field in the form is identified with a letter. Match the letters in the fields with those below for information on the data which should be entered.

A. Enter your complete name as seen in your official records. (*Unless you wish to remain anonymous. **)

B. Enter your current rank. (*Unless you wish to remain anonymous. **)

C. Enter your SSN. (Be sure and read the Privacy Act Information above.) (*Unless you wish to remain anonymous. **)

D. Enter your Component/Status

E. Enter your complete military or civilian mailing address. (*Unless you wish to remain anonymous. **)

F. Enter your duty phone number *or* any other appropriate contact numbers. (*Unless you wish to remain anonymous. **)

G. Enter your preferred mailing address. (Does not have to be your unit address)

H. Enter an e-mail address where we can contact you if preferred.

I. Ask yourself, "What do I want the IG to do for me?", and put this in very concise language here.

J. Collect your notes and thoughts and write all relevant information to your issue in this location. Feel free to use continuation sheets if necessary. Remember to include your current status, other agencies you have contacted, if you contacted your chain of command, and if you given your chain of command an opportunity to address the problem. ***Adobe Acrobat 1559 users, please add the additional line to your 1559 if you elect to have the IG contact your chain of command.*** Finally, be sure to have supporting documentation relevant to your situation.

K/L. Enter the date you sign the form.